

Receipt date: 02/14/2005

09709045-1 GAU: 104

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/709,045
Filing Date	November 10, 2000
First Named Inventor	M. Rigdon Lentz
Art Unit	1647
Examiner Name	Lorraine Spector
Attorney Docket Number	LEN 102

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	one (1) page of PTO-1449; five (5) references; return postcard
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table or CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Pabst Patent Group LLP		
Signature			
Printed name	Tiffany B. Salmon		
Date	February 11, 2005	Reg. No.	55,589

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Ronna Berman	Date	February 11, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Receipt date: 02/14/2005

09709045 GAU: 1647

Approved for use through 07/31/2006. OMB 0651-0032
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 09/709,045 Filing Date November 10, 2000 First Named Inventor M. Rigdon Lentz Examiner Name L. Spector Art Unit 1647 Attorney Docket No. LEN 102	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$ 180.00)			

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments.

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
14 - 20 or HP =	0	x 0.00	= 0.00			
HP = highest number of total claims paid for, if greater than 20						
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
2 - 3 or HP =	0	x 0.00	= 0.00			
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(b).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Statement

Fees Paid (\$)

180.00

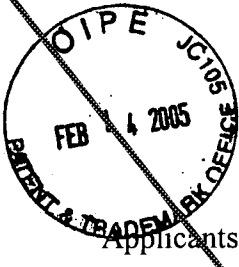
SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 55,589	Telephone (404) 879-2153
Name (Print/Type)	Tiffany B. Salmon	Date February 11, 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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LEN 102 / 077829-00006



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: M. Rigdon Lentz

Serial No.: 09/709,045

Art Unit: 1647

Filed: November 10, 2000

Examiner: Lorraine Spector

For: *METHOD AND SYSTEM TO REMOVE CYTOKINE INHIBITOR IN PATIENTS*

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

Pursuant to the duty of disclosure under 37 C.F.R. §1.56 and 37 C.F.R. §1.97, Applicant submits a Supplemental Information Disclosure Statement, including one (1) page of Form PTO-1449, and copies of the five (5) documents cited therein.

The Commissioner is hereby authorized to charge \$180.00 representing the fee required under 37 C.F.R. §1.17(p) for an Information Disclosure Statement filed after a first Office Action on the merits under 37 C.F.R. §1.97(c). It is believed that no fee is required with this submission. However, should a fee be required, the Commissioner is hereby authorized to charge any fees to Deposit Account No. 50-3129.

U.S. Patents

	<u>Number</u>	<u>Issue Date</u>	<u>Patentee</u>	<u>Class/Subclass</u>
/CMW/	5,932,704	08-03-1999	Jubinsky	530/388.22

02/16/2005 BABRAHA1 00000007 503129 09709045

01 FC:1805 180.00 DA

45054471v1

U.S.S.N.: 09/709,045
Filed: November 10, 2000
SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT

Foreign Documents

<u>Number</u>	<u>Publication Date</u>	<u>Patentee</u>	<u>Country</u>
0 184 040	11-06-1986	Anisa Medical Inc.	EP
02045064	02-15-1990	Ube Industries	JP
WO 96/16666	06-06-1996	Sanitaria Scaligera S.P.A.	PCT

Publications

GERAIN, et al., "Systemic release of soluble TNF receptors after high-dose TNG in isolated limb perfusion" *Cytokine* 9(12):1034-1042 (1997).

Remarks

This statement should not be interpreted as a representation that an exhaustive search has been conducted or that no better art exists. Moreover, Applicant invites the Examiner to make an independent evaluation of the cited art to determine its relevance to the subject matter of the present application. Applicant is of the opinion that his claims patentably distinguish over the art referred to herein, either alone or in combination.

Respectfully submitted,



Tiffany B. Salmon
Reg. No. 55,589

Dated: February 11, 2005

PABST PATENT GROUP LLP
400 Colony Square, Suite 1200
1201 Peachtree Street
Atlanta, Georgia 30361
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PTO/SB/08A (10-96)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Substitute for form 1449A/PTO

Complete if Known

(use as many sheets as necessary)

Application Number

09/709,045

Filing Date

November 10, 2000

First Named Inventor

M. Rigdon Lentz

Group Art Unit

1647

Examiner Name

Lorraine Spector

Attorney Docket Number

LEN 102

U.S. PATENT DOCUMENTS

[illegible]

FOREIGN PATENT DOCUMENTS

[illegible]

Examiner's Signature	/Cherie M. Woodward/	Date Considered	11/08/2011
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to application.

¹ Unique citation designation number ² See attached Kinds of U.S. Patent Documents. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SENT TO: Assistant Commission for Patent, Washington, DC 20231.

~~The PTC did not receive the following~~
~~listed item(s) IP-0201576U~~

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LEN 102
077829/00006

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PTO/SB/08A (10-96)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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(use as many sheets as necessary)

Complete if Known

Application Number

09/709.045

Filing Date

November 10, 2000

First Named Inventor

	M. Rigdon Lentz
--	------------------------

Group Art Unit

1647

Examiner Name

Lorraine Spector

Attorney Docket Number

LEN 102

Sheet

2

of

2

OTHER ART - NON PATENT LITERATURE DOCUMENTS

[illegible]

Examiner's Signature	/Cherie M. Woodward/	Date Considered	11/08/2011
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to application.

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